

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022646

INDEXED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 205

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Cole</b>	Length of stay in 1b <b>45 years</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Cole</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b>	c. CITY OR TOWN <b>Jefferson City</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>909 E. Elm Street</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>909 E. Elm Street</b>	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First <b>JENNIE</b>	Middle <b>BEATRICE</b>	Last <b>CROSBY</b>	Month <b>June</b>	Day <b>3rd</b>	Year <b>1960</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/6/94</b>	9. AGE (last birthday) <b>66</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Centreville, Tenn.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>			

13a. FATHER'S NAME <b>Henry Frazier</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Henry T. Crosby</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Jefferson City, Mo. Jefferson City Police Department</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>	DUE TO (b)	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Woman was in yard visiting with neighbor collapsed + died immediately. Investigation revealed death due to natural causes.</b>
20c. TIME OF INJURY <b>5:00 p.m.</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>
20f. CITY, TOWN, OR LOCATION <b>Jefferson City, Mo.</b>	COUNTY <b>Cole</b>	STATE <b>Mo.</b>
21. I attended the deceased from _____, to _____, and last saw him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <b>Richard Lee Brown</b>	(Degree or title) <b>Cole County</b>	22b. ADDRESS <b>1436 Green Berry Road</b>	22c. DATE SIGNED <b>6/7/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 6th '60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Longview Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Jefferson City, Missouri</b>
24. FUNERAL DIRECTOR <b>Tanner Service, Jefferson City, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>3 June 1960</b>	26. REGISTRAR'S SIGNATURE <b>R.P. Davis, M.D. Registrar Dept</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Donald P. Freeman*

Licensed Embalmer No. *4623*

P. O. Address *Jim*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.